



ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS

Safer Communities Through Successful Youth

QUALITY ASSURANCE A U D I T

Eagle Point School

Conducted May 2008

**Prepared by
The Arizona Department of Juvenile Corrections
Quality Assurance Unit**

Overview

The Arizona Department of Juvenile Corrections (ADJC) Quality Assurance Unit conducted a Formal Audit of Eagle Point School during the week of 05/28/08. ADJC policies, procedures and best practices were used as standards.

Substantial Compliance

Eagle Point School showed Substantial Compliance during the Formal Audit in many areas and follow up is not required in areas rated “Substantial Compliance”.

Summary of Non-Compliance

A Summary of Non-Compliance precedes the body of the audit. The purpose of the summary is to provide the reader an outline of observations that will require corrective action. Specific details such as dates, times and shifts are omitted from the summary but can be found in Part I or Part II of the audit.

Part I-Housing Unit Audits

Each housing unit was audited for logbook documentation, appropriate shift change documentation, headcount, transitions, documented welfare checks, sharps accountability, youth supervision, tools, sharps, and dangerous objects accountability, and exclusion.

Part II-Facility and Program Area Audits

In addition to the audit of each EPS housing unit, also audited were Separation Review, Medical Services, Youth Grievances, Behavioral Health, Physical Plant Inspection, Youth Mail, Special Education, Suicide Prevention, Continuous Case Plan (CCP) and CAPFA.

The Quality Assurance unit would like to acknowledge the contributions of the Subject Matter Experts (SMEs) who contributed to this audit. Without the participation of the SMEs, it would not have been possible to assess several key areas in this audit.

Education

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Mental Health

Dr. Tom Seymour

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Substantial Compliance

Eagle Point School showed Substantial Compliance during the Formal Audit in the following areas and follow up action is not required:

- Daily Logbook (Procedure 4002.02)
- Sharps Accountability at Shift Change (Procedure 4002.02)
- Communication in Logbook (Procedure 4002.02)
- Emergency Pack Compliance (Suicide Prevention) (Procedure 4250.02, 4250.02A)
- Separation Review Procedure 4061.01
- Use of Force Procedure 4058
- Youth Phone (Procedures 4051, 4051.01, 4051.02, 4051.02A, 4081)
- Youth Mail (Procedures 4051, 4051.01, 4051.02, 4051.02A, 4081)
- Youth Mail Facility Processing (Procedures 4051, 4051.01, 4051.02, 4051.02A, 4081P)
- Education / Special Education (Procedures 4475, 4475.01, 4475.02B, 4475.02C, 4475.03, 4475.03A, 4475.04, 4475.05, 4475.06, 4475.07, 4484)
- Separation Review Procedure 4061.01 (A-E)
- Behavioral Health Services Comprehensive Review

Summary of Non-Compliance

This summary outlines observations of non-compliance. Details such as dates, times and units can be found in the main body of this report. Follow up action plans are required for each area of non-compliance. Non-compliant areas will be re-inspected during the Follow-up Audit in June, 2008.

Head Count

(Documentation in Unit Logbook)
Procedure 4002.02

Unit Elk

- 2 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Unit Hawk

- 2 of 12 headcounts were not documented in the unit logbook at shift change.

Unit Lynx

- 3 of 12 headcounts were not documented in the unit logbook at shift change.

Hourly Headcount Sheets

Procedure 4050.02

Unit Elk

- 2 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Unit Lynx

- 1 of 4 headcount sheets was not completed during each hour.
- 1 of 4 headcount sheets was not totaled properly.

Exclusion

Procedure 4064.01

Unit Deer

- 1 of 1 exclusion had been reviewed and signed by a YCO III, not the YPS. This was corrected at the time of the audit.

Unit Elk

- The unit exclusion log did not have an updated “Prohibited from Exclusion Sheet” posted in the exclusion logbook. (An updated “Prohibited from Exclusion Sheet” was posted in the control room.)

Unit Lynx

- 2 of 9 exclusions did not identify who initiated the exclusion.
- 2 exclusions did not have end time in the logbook. A timesheet was not present.

Transitions

Unit Deer

- 1 of 36 transitions was not within the 15 minute limit (23 minutes).

Unit Hawk

- 4 of 42 transitions were not conducted within the 15 minute limit; ranging 17 - 28 minutes. One transition did not have an end time documented.

Unit Lynx

- 4 of 31 transitions were not conducted within the 15 minute limit; ranging 16 - 49 minutes.

Unit Wolf

- 4 of 32 transitions were not conducted within the 15 minute limit; ranging 23 - 38 minutes.

Welfare Checks

Procedure 4002.09

4 days and 12 shifts were evaluated.

Unit Hawk

- 3 welfare checks were not conducted within 15 minutes, ranging 19-35 minutes.

Unit Wolf

- 4 welfare checks were not conducted within 15 minutes, ranging 17-26 minutes.

Unit Separation

- 14 welfare checks were not conducted within 15 minutes, ranging 17-26 minutes.

Supervision of Youth

Policy 4002-Procedure 4002.09

Unit Elk

Supervision on 3rd shift-via camera observations

- 1 of 5 welfare checks from 0300-0400 was not completed within 15 minutes (20 minutes).

Unit Hawk

Supervision in the dining room

- Staff did not account for juvenile eating utensils.

Unit Lynx

Supervision in the dining room

- Staff did not account for juvenile eating utensils.

Unit Wolf

Supervision on 3rd shift-via camera observations

- Welfare checks from 0200 to 0400 were not staggered.

Facility Headcount Accuracy

Procedure 4050.02

Hourly Headcount Verification (Dispatch)

5/28/2008

- Count 1 called at 1445.
 - The headcounts reported by the units, separation and the kitchen did not match the institutional total headcount (off by two youth).
- Count 2 was called at 1525.
 - The count was still off by two youth. Security was dispatched to education to conduct a count. Two youth were found testing in separate classrooms.
 - Count 2 cleared at 1536.

5/30/2008

- Count 1 called at 1153.
 - The headcounts reported by the units did not match the institutional total headcount.
- Count 2 called at 1205 and cleared at 1216.

Separation Review

Procedure 4061.01 (A-E)

Review of Youthbase-05/09/08 to 05/22/08

- 4 of 117 referred youth were released from Separation because the IR was not turned in to Separation within policy timelines.

File Reviews

- 2 of 9 youth did not sign Form 4061.02B *Rules and Expectations*.
- 6 of 9 self referral youth did not sign Form 4061.02C *Volunteer Statement*.
- 1 of 9 self-referral youth did not have an LSI attached to the referring Incident Report.
- 4 of 9 youth were not visited by their YPS or designee after referral to separation.

Medical Checks after a Use of Force

- Youthbase documentation indicates 4 of 40 youth were not evaluated by a medical provider after a use of force.

Tools, Sharps, and Dangerous Objects Accountability

Procedure 4050.14 (A-F)

Health Unit - Dental

- Tools are not permanently engraved/stamped and/or color-coded to identify area of assignment prior to placing them on Form 4050.14B Master Tool Inventory.
- Where practicable tools identified on the Master Tool Inventory are not engraved.

- When Dental hand pieces and other items which cannot be engraved are used, the manufacturer's serial number is not used to identify the tool.
- Each Medical Discipline does not provide a copy of the Master Tool Inventory to the Medical Director (or designee) and Ranking Facility Security Supervisor on the 15th business day of each month or more frequently as determined by the Medical Director (or designee).

Housing Units/Separation

Unit Hawk

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes.
 - Razors were not stored in a locked container.

Unit Lynx

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes.
 - Razors were not stored in a locked container.

Unit Wolf

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes.
 - Razors were not stored in a locked container.

Unit Separation

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes.
 - Scissors nail clippers, and staple removers were stored in a plastic box in the cupboard by the door to the office, this is unlocked and does not have a hasp to allow it to be locked.
- Employees do not sign all sharps in and out on Form 4050.14A Tool/Equipment/Sharps Check Out.
 - According to the MHTC, sharps are not signed in and out because the youth use them right in front of the staff and are not allowed to take them back to their rooms.

Daily Inspections /Unit Inspection Binder

Procedure 4002.01

Unit Hawk

- 5/18/2008-3rd shift did not complete inspection form correctly.

Unit Separation

- Employees do not attach a copy of each work request to the Inspection Checklist.
- Manager does not retain a hard copy of all work orders until the work has been satisfactorily completed.

Pat Searches

Procedure 4250.01

Unit Bear

- Staff did not conduct a thorough pat search in accordance with Procedure 4250.01.

Unit Elk

- Staff did not conduct a thorough pat search in accordance with Procedure 4250.01.

Behavioral Health Services Comprehensive Review

Procedure 1052.01A

- **FACILITY MENTAL HEALTH SERVICES** The areas that fell below the desirable 90% compliance rate for M.H. Services were: MDT's did not have a QMHP consistently attending MDT meetings on the unit that had a PSA vacancy even though a QMHP was assigned. Secondly, the CAPFA missed the 90 day electronic update time two of eight times (25%). A "File Review" of mental health charts for arriving youth were not written within the designated 14 days 25% of the time. Finally the CCP did not have measurable treatment goals related to the CAPFA diagnosis 25% of the time.
- **SUICIDE PREVENTION** activity was reviewed in 9 separate areas related to the practice and documentation of the suicide prevention procedure. Of the 9 criteria audited, 6 areas were scored above 80%. CIA's were correctly written with recommendations. Also CCPs of juveniles with a suicidal ideation problem have a CCP goal related to that problem. On the contrary, questions #1,2,3, of the CAPFA Mental health Domain were not updated consistently. Contact Detail Notes were not written consistently for youth discussed at the clinical meeting after having been on the SPS list. Some Progress Notes are not consistent with the CCP objectives. Overall the compliance with the Suicide Prevention Procedure was significantly improved from six months ago.

Individualized Behavior Plans (IBP)

Policy 4060, Procedure 4060.01, 4060.01A

During the EPS Audit there were 9 youth on IBPs. Individual Behavioral Plan 4060, 4060.01, 4060.01A .Checklist revealed non-compliances as follows;

- Representative for special education was not included in the development of the IBP to ensure Individuals with Disabilities Education Act (IDEA) regulations are adhered to;
- Special education students with an Individual Education Plan (IEP), did not include the IEP goals in the IBP;
- Weekly progress report was not distributed to the Clinical Services Administrator, facility Superintendent, the Special Education Director, and Youth Rights Administrator/designee;

Facility Inspection

Facility Inspections included: Administration, Main Control, Education, and Facility Grounds, Health Unit, Housing Units Kitchen, Maintenance, Separation, and Warehouse.

Administration / Main Control

- Key, Radio and Emergency pack accountability is not maintained according to policy and best practices. On several dates, equipment was signed out but not signed back in.
- One of the emergency packs in the control room was missing the seal.
- The alarm panel in the main control room indicated three (3) trouble messages. These messages were shared with maintenance.
- The emergency generator panel in the main control room was indicating “HIGH COOLANT TEMP”, “LOW OIL PRESSURE”, “OVERCRANK”, and “OVERSPEED”. This matter was discussed with maintenance who has scheduled service of the generator for July. He states that the generator has been functioning as required during weekly tests.

Education / Recreation

- 3 of 14 classrooms were not clean - rooms 5, 6, and 14.
- 2 of 9 youth restrooms were not clean - between classrooms 1/2; 5/6; and 10.
- Vent needs replacing in the youth bathroom between classrooms 7/8.
- Graffiti on windowsills of classrooms 3, 5, and 7.
- Graffiti in the bathrooms between 7/8 and in 10.
- Pencils not secured in classrooms 3 and 9.

Housing Units/Separation

- With very few exceptions the inside of the shower doors and the air vents in youth rooms in all housing units were rusted and in need of paint.
- Graffiti was also a prevalent problem noted in all housing units. The daily inspection forms in each unit cite graffiti abatement as “Unacceptable”.
- A few rooms in each housing unit had items either taped to or resting atop of the lighting fixtures. These were removed and reported to on-site personnel with the recommendation to confront youth on this practice.

Unit Bear

- Screws were missing from the light switch covers between rooms 6 and 7.
- Screws were missing from the light switch cover to room 11.

Unit Deer

- Anchor points were noted at the cover plate for the call buttons in rooms 3 and 6. These were reported to the unit manager and maintenance supervisor as life safety matters.
- An anchor point was note at the light fixture of room 9. This was reported to the unit manager and maintenance supervisor as life safety matters.

Unit Elk

- Light fixture in room #2 presented a potential anchor point. This issue was reported to the manager and maintenance for immediate repair as it is a life safety matter.
- Light fixture in room # 3 was loose on one end and swiveled against the wall.

Unit Lynx

- The sharps / keys drawer in the control room was found unlocked at the time of inspection. This was immediately reported to the unit manager.
- The camera in room # 8 was covered with toilet paper and toothpaste.

Unit Wolf

- The fire alarm panel was indicating “Trouble”. The panel indicated a dirty smoke detector in the day room and an unknown problem with the Duct detector. These concerns were discussed with the unit manager and the maintenance supervisor who stated that service for the duct issue has already been scheduled.
- Tattoo contraband was discovered in room #11.

Unit Separation

- Separation keys are kept in an unlocked cabinet in the staff office.
- Cameras in rooms 4 and 5 have scratches on the lens covers—MP2 work orders submitted
- Sharps and keys are not stored in a secure location—MP2 work order placed by MHTC for a lock or hasp for the existing cabinet.
- The Control Room door was not closed and locked at all times.
- The air vent in the utility room is dusty.

Youth Mail

Procedures: 4051, 4051.01, 4051.02, 4051.02A and 4081.

Observations of 3rd Shift handling incoming mail

- 4 of 4 incident reports (pertaining to mail) did not have a completed manager follow up.
- 3 of 4 incident reports (pertaining to mail) was not documented in the follow up that the youth had been notified that there had been contraband removed from their mail.
 - One follow up reported that the OIC spoke to two youth about the mail policy and procedure. All four reports did not mention that a YPS spoke to any of the juveniles about what was taken.

Supervision of Youth at Education

Policy 4002-Procedure 4002.09

Classroom Observation

Classroom #8 Unit Staff: Lynx – 5/29/08- 1030am

- Teacher was wearing a radio, but not her ear piece.
- Staff did not pat down the youth that used the bathroom before entering the rest room.

Classroom Observation

Classroom #16-5/29/08- A.E. Room

- YCO was not present in the classroom.
- Goals were not posted in the room.

Classroom Observation

Classroom # 4

- Teacher did not wear her radio earpiece.

Classroom Observation

Classroom # 11 -5/27/08 -2nd period – Science

Comments: Most of the students disrupted the learning process by talking, cursing, and getting out of their seats without permission. Intervention from staff was slow. There were seven youth in the front of the classroom who were basically compliant, but the entire back row of students were loud and talking throughout the class. Later in the period, a Lynx youth threw a chair and left the classroom. A 10x24 was called prompting security officers to enter the classroom and remove him. The youth later returned, but had to be removed a second time. This auditor remained in the classroom for the next class period in which 15 students were assigned and the class was even more disorderly. It became so unruly that the auditor requested the presence of the school principal who entered the classroom and observed. This did not deter the youth from misbehaving.

Classroom Observation

Classroom # 3 -05/27/08-1415-1520

- Sharps /pencils were not secured when not in use.
- 6 youth sent to AE at the beginning of class (it took 35 minutes for the YCO and YPS to complete the LSI's prior to the youth being sent to AE). The teacher did not attempt to engage the remaining 5 youth until 1450. The teacher taught for 15 minutes and then it was the 10 minute "warning" so pencils were collected and the youth just sat waiting for dismissal.

Classroom Observation

Classroom # 6 – 5/27/08 start time of class 10:00 am.

- The teacher was engaging students in on-task-behavior but multiple youth did not appropriately respond.
- Teacher was not wearing the radio ear piece.
- Staff did not pat down youth prior to entering the restroom.
- Restroom was not checked for graffiti after youth use of restroom.
- Classroom was very chaotic due to loud talking, swearing, multiple youth out of their seats and teacher having to almost shout to be heard.

Continuous Case Plan (CCP)-CAPFA Review

Procedure 4321.02

- 2 of 9 CAPFAs were completed later.